MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE	
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			/			
2		/					52				/	-	
3		/					53				/		
4		3					54				/		
5		3					55				/		
6		3					56				/		
7		0					57				/		
8		0					58				/		
9		0					59				/		
10		0					60				/		
11		0					61			/	/		
12		0					62				/		
13		0					63				/		
14		0					64				/		
15		0					65				/		
16		0					66				/		
17		0					67				/		
18		0					68				/		
19		0					69				/		
20		0					70				/		
21		0					71				/		
22		0					72						
23		0					73						
24	/						74						
25		/					75						
26		/					76						
27	/						77						
28		/					78						
29		/					79						
30		3					80						
31		3					81						
32		3					82						
33		0					83						
34		0					84						
35		0					85						
36		0					86						
37		0					87						
38		0					88						
39		0					89						
40		0					90						
41		0					91						
42		0					92						
43		0					93						
44		0					94						
45		0					95						
46		0					96						
47		0					97						
48		0					98						
49		0					99						
50		0					100						
TOTAL IND.							TOTAL IND.			2			
TOTAL DEP.							TOTAL DEP.			19			
TOTAL CLAIMS							TOTAL CLAIMS			21			

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS